|                                                                                                                                                                                                                                                                                                       |                                                |                                 |                   |                |             |              |        | Application or Docket Number |      |               |         |                     |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------|-------------------|----------------|-------------|--------------|--------|------------------------------|------|---------------|---------|---------------------|-----------------|
|                                                                                                                                                                                                                                                                                                       | PATENT A                                       | ORD                             | 09/757202         |                |             |              |        |                              |      |               |         |                     |                 |
|                                                                                                                                                                                                                                                                                                       | CLAIMS AS FILED - PART I (Column 1) (Column 2) |                                 |                   |                |             |              |        |                              | EN   |               | OR      | OTHER               |                 |
| TO                                                                                                                                                                                                                                                                                                    | TAL CLAIMS                                     |                                 | 7                 | *              |             |              |        | RATI                         | E    | FEE           | ]       | RATE                | FEE             |
| FOR                                                                                                                                                                                                                                                                                                   |                                                |                                 | NUMBER            | NUMBER FILED   |             | NUMBER EXTRA |        | BASIC                        | FEE  | 385.00        | OR      | BASIC FEE           | 770.00          |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                               |                                                |                                 | mi                | minus 20=      |             | *            |        | X\$ 9                        | =    |               | OR      | X\$18=              |                 |
| INC                                                                                                                                                                                                                                                                                                   | INDEPENDENT CLAIMS                             |                                 |                   | minus 3 =      |             | *            |        | X43=                         |      |               | OR      | X86=                |                 |
| MU                                                                                                                                                                                                                                                                                                    | ILTIPLE DEPEN                                  | IDENT CLAIM I                   | RESENT            | RESENT         |             |              |        | +145=                        |      |               | OR      | +290=               |                 |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                              |                                                |                                 |                   |                |             |              | Į      | TOTA                         | L    |               | OR      | TOTAL               |                 |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                           |                                                |                                 |                   |                |             | 1-21-        | -(     | )4<br>smai                   | L F  | NTITY         | OR      | OTHER<br>SMALL      |                 |
| <b>1</b>                                                                                                                                                                                                                                                                                              | (Column 1) (Column 2) (Column 3)               |                                 |                   |                |             |              |        |                              | 1    | ADDI-         |         |                     | ADDI-           |
| AMENDMENT A                                                                                                                                                                                                                                                                                           |                                                | REMAINING<br>AFTER<br>AMENDMENT |                   | PREVIO<br>PAID | USLY        | PRESENT      |        | RATE                         |      | TIONAL<br>FEE |         | RATE                | TIONAL<br>FEE   |
| NE DE                                                                                                                                                                                                                                                                                                 | Total                                          | * 1+                            | Minus.            | * 2            | 4           | =            |        | X\$ 9:                       | =    |               | OR      | X\$18=              | .—              |
| NE NE                                                                                                                                                                                                                                                                                                 | Independent                                    | *                               | Minus             | ***            | 5           | =            |        | X43=                         |      |               | OR      | X86=                |                 |
| K                                                                                                                                                                                                                                                                                                     | FIRST PRESE                                    | NTATION OF N                    | IULTIPLE DE       | PENDENT        | CLAIM       |              | ]      | +145:                        |      |               | OR      | +290=               |                 |
|                                                                                                                                                                                                                                                                                                       |                                                |                                 |                   |                |             |              |        |                              | AL   |               |         | TOTAL<br>ADDIT, FEE |                 |
|                                                                                                                                                                                                                                                                                                       | (Column 1) (Column 2) (Column 3)               |                                 |                   |                |             |              |        | ADDIT. F                     | EE L |               | ,       | ADDII. PEEI         |                 |
|                                                                                                                                                                                                                                                                                                       | ,                                              | (Column 1) CLAIMS               |                   | HIGH           |             |              | ٦ ر    |                              | T    | ADDI-         |         |                     | ADDI-           |
| NT B                                                                                                                                                                                                                                                                                                  |                                                | REMAINING<br>AFTER<br>AMENDMENT | *                 | PREVIO         | DUSLY       | EXTRA        |        | RATE                         |      | TIONAL<br>FEE |         | RATE                | TIONAL<br>FEE   |
| DMENT                                                                                                                                                                                                                                                                                                 | Total                                          | *                               | Minus             | **             |             | =            |        | X\$ 9                        | =    |               | OR      | X\$18=              |                 |
| AMEND                                                                                                                                                                                                                                                                                                 | Independent                                    | *                               | Minus             | ***            |             | =            | 11     | · X43=                       |      |               | OR      | X86=                |                 |
|                                                                                                                                                                                                                                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                   |                |             |              |        | +145:                        | -    |               | OR      | +290=               |                 |
| ·                                                                                                                                                                                                                                                                                                     |                                                |                                 |                   |                |             |              |        | TOT<br>ADDIT. F              |      |               | ÖR      | TOTAL<br>ADDIT. FEE | *               |
|                                                                                                                                                                                                                                                                                                       | (Column 1) (Column 2) (Column 3)               |                                 |                   |                |             |              |        |                              |      |               |         |                     |                 |
| l <sub>O</sub>                                                                                                                                                                                                                                                                                        | `                                              | CLAIMS<br>REMAINING             | - "               | HIGH           | EST         | PRESENT      |        |                              | T    | ADDI-         |         | DATE:               | ADDI-<br>TIONAL |
| Ä                                                                                                                                                                                                                                                                                                     | ÷                                              | AFTER AMENDMENT                 |                   | PREVIO<br>PAID | DUSLY       | EXTRA        |        | RATE                         |      | TIONAL<br>FEE |         | RATE                | FEE             |
| DME                                                                                                                                                                                                                                                                                                   | Total                                          | *                               | Minus             | **             |             | = .          |        | X\$ 9=                       |      |               | OR      | X\$18=              |                 |
| AMENDMENT C                                                                                                                                                                                                                                                                                           | Independent                                    | *                               | Minus             | ***            |             | =            |        | X43=                         | 1    |               | OR      | X86=                |                 |
| <sup>▼</sup>                                                                                                                                                                                                                                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                   |                |             |              |        | 14.45                        | 1    |               |         | +290=               |                 |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                 |                                                |                                 |                   |                |             |              |        |                              |      | OR            | TOTAL   |                     |                 |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate bo |                                                |                                 |                   |                |             |              |        |                              |      |               |         | ADDIT. FEE          | L               |
|                                                                                                                                                                                                                                                                                                       | The "Highest Nun                               | nber Previously P               | aid For" (Total o | or Independ    | ent) is the | highest numb | er fou | ind in the                   | арр  | ropriate bo   | k in co | iuma 1.             |                 |